

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6-14-002 Serial/Patent #: 8/941190

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time		<u>1-19-00</u>	\$ <u>435</u>
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition		<u>1-19-00</u>	\$ <u>130</u>
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>565</u>	
		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	Treasury Check		
<input checked="" type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:	<u>50-0496</u>	
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	<u>181 pet does not require a fee; not should have been processed as of 6/14 filing date</u>		
10 REASON:				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>F. Hicks</u>		TITLE: <u>Pats Ex's</u>		
SIGNATURE: <u>F. Hicks</u>		PHONE: <u>305-8680</u>		
OFFICE: <u>4700</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>K.E. Tite</u>		DATE: <u>06-08-00</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B